

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

35005

1. PLACE OF DEATH

County.....

Registration District No. 721

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 4368 Belmar)

File No. ....

Registered No. 9212

St. .... Ward)

2. FULL NAME

Anna J. Smithers

(a) Residence, No. 4368 Belmar St., 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Smithers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1853

7. AGE YEARS 79 MONTHS 11 DAYS 21 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

13. NAME Henry Bunge

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT John H. Smithers (ADDRESS) 4368 Belmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lambert Hill Cem DATE Oct. 26

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 11167-69 Hamilton Ave.

20. FILED Oct 20 1933 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1933, to Oct. 20, 1933

I last saw him alive on Oct. 20, 1933. Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease Date of onset many years  
Auricular fibrillation

Other contributory causes of importance:  
Recent fracture of temporal bone  
(fall during attack of vertigo)  
Recent cerebral embolism

Name of operation none Date of no

What test confirmed diagnosis? X-ray skull Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Willard Bartlett Jr., M. D.

(Address) 410 Metropolitan Bldg

3720 1100h. yr.

3720 1100h.

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